

Entered - 5-9-01 - sb
CL 01L0303 - ALEXIS HOLMES

01-R-1537

CLAIM OF: ALVIN MCCANNON
5066 Chamblee-Dunwoody Road
Dunwoody, Georgia 30338

For damages alleged to have been sustained as a result of sewage
backing up into claimant's apartment building on March 7, 2001 at
5066 Chamblee-Dunwoody Road, Apartment One.

THIS ADVERSE REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. C. J. DCA*

C-20

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0303

Date: 9/11/01

Claimant /Victim ALVIN MCCANNON

BY: (Atty)

Address: 5066 Chamblee-Dunwoody Road, Dunwoody, Georgia 30338

Subrogation: Claim for Property damage \$ 5,902.25 Bodily Injury \$

Date of Notice: 4/27/01 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 3/7/01 Place: 700 Neal Street, NW, Apartment 1

Department Public Works Division: Sewer Operations

Employee involved Disciplinary Action

NATURE OF CLAIM: The claimant alleges that he sustained extensive property damages to his apartment building when a City sewer backed up and flooded into one of the apartments. An investigation determined that the mainline was blocked, and the City performed the necessary measures to clear the line. Furthermore, the City did not have notice of any mainline problems at this location prior to the March 7, 2001 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee Claimant Other X Written X Oral

Pictures Diagrams Reports: Police Dept Report X Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

Improper Notice More than Six Months Other X Damages reasonable

City not involved Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

Alexis Holmes
INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01

Claims Manager: Concur/date 09/12/01

Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 4/16/01

Holmes
05/08/01
TH

Dear Municipal Clerk:

ENTERED - 5-9-01 - SB
01L0303 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 5,902.25 property and /or \$ -0- bodily injury for which I contend the City is liable.

1. Date of incident: 3/7/01 2. Time of Incident: 11:30AM 3. Police called: X
(month/day/year). Yes No
4. Location of incident (including street address): Apts at 700 Neal St. N.W. Atlanta, Ga. 30311
5. Name of your insurance company: State Auto Policy No. SDP 9418224040
6. State what and how incident occurred: Sewer system backed up into Apt #1 at the above address due to clog in city sewer lines which flooded apt with sewage 3-4" Deep damaging carpet, walls, clothes, furniture, etc. (City cleared problem temporarily & returned a few weeks later to complete repair)
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: N/A
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: N/A
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Alvin M. Cannon
Signature of Claimant

Alvin M. Cannon
(Print Claimant's Name)

5066 Chamblee-Dunwoody Rd.
(Address)

Dunwoody, Ga. 30338
(City, State and Zip Code)

770-396-3851 Same
(Work Number) (Home Number)

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